

RECEIVED IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In regards to Application Number 10/538,048, Docket Number UEL-036-PCT

Transmittal Form for After Final Amendment - 1 Sheet
 Corrected and revised Declaration and Power of Attorney 3 Sheets
 Copy of original Declaration and Power of Attorney 3 Sheets
 Certificate of Mailing by "Express Mail" 1 Sheet
 Change of Correspondence Address 1 Sheet

September 2, 2009



EH 033516273 US



Mailing Label
 Label 11-B, March 2004

UNITED STATES POSTAL SERVICE®

Post Office To Addressee

ORIGIN (POSTAL SERVICE USE ONLY)

| | | | |
|---|---|----------------------------|---------------------|
| PO ZIP Code | Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 2nd Del. Day | Postage \$ | |
| Date Accepted | Scheduled Date of Delivery | Return Receipt Fee \$ | |
| Mo. Day Year | Month Day | COD Fee \$ | Insurance Fee \$ |
| Time Accepted <input type="checkbox"/> AM <input type="checkbox"/> PM | Scheduled Time of Delivery <input type="checkbox"/> Noon <input type="checkbox"/> 3 PM | Total Postage & Fees \$ | |
| Flat Rate <input type="checkbox"/> or Weight | Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day | Acceptance Emp. Initials | |
| lbs. ozs. | Int'l Alpha Country Code | | |

DELIVERY (POSTAL USE ONLY)

| | | |
|------------------|--|--------------------|
| Delivery Attempt | Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. Day | | |
| Delivery Attempt | Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. Day | | |
| Delivery Date | Time <input type="checkbox"/> AM <input type="checkbox"/> PM | Employee Signature |
| Mo. Day | | |

CUSTOMER USE ONLY

PAYMENT BY ACCOUNT
 Express Mail Corporate Acct. No. ☐ WAIVER OF SIGNATURE (Domestic Mail Only)
 Additional merchandise insurance is void if customer requests waiver of signature.
 I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.

NO DELIVERY
☐ Weekend ☐ Holiday ☐ Mailer Signature

FROM: (PLEASE PRINT)

PHONE ()

GEROW D. BRILL
 20 OAKMONT CIR.
 NEW FREEDOM, PA 17349

TO: (PLEASE PRINT)

PHONE ()

AMENDMENT AFTER FINAL
 COMMISSIONER FOR PATENTS
 PO 1450
 ALEXANDRIA, VA

ZIP + 4 (U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.)

22313+1450

FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

FOR PICKUP OR TRACKING

Visit www.usps.com

Call 1-800-222-1811



PRESS HARD. YOU ARE MAKING 3 COPIES.